PTO/SB/06 (12-04)
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ŗ	PATENT APPLICATION FEE DETERMINATION RECORD Substitute by Form PTO 575										Application of Topic Municipal Munic			
Ì	APPLICATION AS FILED - PART I (Column 1) (Column 2)								SMALL E	ENTITY	OR .	OTHER THAN SMALL ENTITY		
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	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(1))													
	* If the difference in column 1 is less than zero, enter "0" in column 2.								TOTAL		ł	TOTAL	,	
۱ ٔ	/ APPLICATION AS AMENDED - PART II									•				
	10/15/05 (Column 1) (				(Column 2)	(Column 2) (Column 3)		r	SMALL ENTITY		oa.	OTHER THAN SMALL ENTITY		
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	204 7	e amount of time your frademark Office, U.S RESS, SEND TO:	. Department	of Comme	erce, P.O. Box 14	50. Alex	candria, V	/A 2	22313-1430. DC	ו מאש בי ויטאו	FEES OR	COMPLETED F	ORMS TO THIS	

## Effective October 1, 2003 **CLAIMS AS FILED - PART I** SMALL ENTITY OTHER THAN (Column 1) (Column 2) TYPE [ OR SMALL ENTITY TOTAL CLAIMS RATE FEE RATE FEE FOR NUMBER FILED NUMBER EXTRA BASIC FEE OR BASIC FEE 385.00 770.00 TOTAL CHARGEABLE CLAIMS minus 20= XS 9= XS18= OR INDEPENDENT CLAIMS minus 3 = X43= X86= OR MULTIPLE DEPENDENT CLAIM PRESENT +145= +290= OR \* If the difference in column 1 is less than zero, enter "0" in column 2 TOTAL OR TOTAL CLAIMS AS AMENDED - PART II OTHER THAN SMALL ENTITY OR SMALL ENTITY (Column 1) (Column 2) (Column 3) -CLAIMS HIGHEST ENTA ADDI-ADDI-REMAINING NUMBER PRESENT TIONAL RATE TIONAL RATE AFTER **PREVIOUSLY EXTRA AMENDMENT** PAID FOR FEE FEE ENDME Total Minus X\$ 9= X\$18= OR Minus Independent X43= X86= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +145= +290= OR TOTAL TOTAL OR ADDIT. FEE ADDIT, FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST ADDI-ADDI-REMAINING NUMBER PRESENT RATE **AFTER PREVIOUSLY** TIONAL RATE TIONAL **EXTRA** AMENDMENT PAID FOR FEE FEE Total Minus X\$ 9= X\$18= OR independent Minus X86= X43= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +145= +290= OR TOTAL TOTAL OR ADDIT. FEE ADDIT. FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST O ADDI-ADDI-REMAINING NUMBER PRESENT ENDMENT AFTER **PREVIOUSLY** RATE TIONAL RATE TIONAL **EXTRA** AMENDMENT PAID FOR FEE FEE Total Minus X\$ 9= X\$18= OR Independent Minus X43= X86= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +145= +290= OR \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE TOTAL TOTAL OR \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." . The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

PATENT APPLICATION FEE DETERMINATION RECORD

Application of Docket Number